



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE  
TOTAL HEALTH CARE, INC.

NAIC Group Code33831238NAIC Company Code95644Employer's ID Number38-2018957  
(Current)(Prior)

Organized under the Laws of, State of Domicile or Port of EntryMI

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized07/01/1973Commenced Business05/01/1976

Statutory Home Office3011 W. GRAND BLVD. SUITE 1600DETROIT, MI, US 48202  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3011 W. GRAND BLVD. SUITE 1600DETROIT, MI, US 48202313-871-7878  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address3011 W. GRAND BLVD. SUITE 1600DETROIT, MI, US 48202  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records3011 W. GRAND BLVD. SUITE 1600DETROIT, MI, US 48202313-871-7878  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressTHCMI.COM

Statutory Statement ContactSARA JANE MCGLYNN313-293-6466  
(Name)(Area Code) (Telephone Number)

sara.mcglynn@priorityhealth.com313-748-1391  
(E-mail Address)(FAX Number)

OFFICERS

PRESIDENTPRAVEEN GOPE THADANI #SECRETARYKIMBERLY LYNN THOMAS

TREASURERNICHOLAS PATRICK GATES #

OTHER

DIRECTORS OR TRUSTEES  
NICHOLAS PATRICK GATES #  
JOYCE CHAN RUSSELL #

PRAVEEN GOPE THADANI #MICHAEL ADAM JASPERSON #

KIMBERLY LYNN THOMAS

State of

County ofSS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

PRAVEEN GOPE THANDANI  
PRESIDENT

NICHOLAS PATRICK GATES  
TREASURER

KIMBERLY LYNN THOMAS  
SECRETARY

Subscribed and sworn to before me this  
day of

a. Is this an original filing? .....  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

Yes [ X ] No [ ]

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....					0	0
2. Claim overpayment receivables .....	1,222,722	22,714,234	0	227,300	1,222,722	1,339,531
3. Loans and advances to providers .....					0	0
4. Capitation arrangement receivables .....					0	0
5. Risk sharing receivables .....					0	0
6. Other health care receivables.....	740,706			248,936	740,706	740,706
7. Totals (Lines 1 through 6)	1,963,428	22,714,234	0	476,236	1,963,428	2,080,237

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	NONE					
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE, INC. 2. DETROIT, MI

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3383		Michigan		2021							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95644	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	62,013	0	0	0	0	0	0	0	200	61,813	0	
2. First Quarter	63,911								212	63,699		
3. Second Quarter	65,552								217	65,335		
4. Third Quarter	66,434								215	66,219		
5. Current Year	0								0	0		
6. Current Year Member Months	575,494								1,906	573,588		
Total Member Ambulatory Encounters for Year:												
7. Physician	259,596								860	258,736		
8. Non-Physician	197,998								656	197,342		
9. Total	457,594	0	0	0	0	0	0	0	1,516	456,078	0	
10. Hospital Patient Days Incurred	29,343								97	29,246		
11. Number of Inpatient Admissions	6,404								21	6,383		
12. Health Premiums Written (b)	180,476,015								166,385	180,309,630		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	180,291,278								165,773	180,125,505		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	162,411,037								203,659	162,207,378		
18. Amount Incurred for Provision of Health Care Services	144,118,242								131,444	143,986,798		

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION TOTAL HEALTH CARE, INC. 2. DETROIT, MI

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3383		Grand Total		2021							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95644	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	62,013	0	0	0	0	0	0	200	61,813	0	
2.	First Quarter .....	63,911	0	0	0	0	0	0	212	63,699	0	
3.	Second Quarter .....	65,552	0	0	0	0	0	0	217	65,335	0	
4.	Third Quarter .....	66,434	0	0	0	0	0	0	215	66,219	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	575,494	0	0	0	0	0	0	1,906	573,588	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	259,596	0	0	0	0	0	0	860	258,736	0	
8.	Non-Physician .....	197,998	0	0	0	0	0	0	656	197,342	0	
9.	Total	457,594	0	0	0	0	0	0	1,516	456,078	0	
10.	Hospital Patient Days Incurred	29,343	0	0	0	0	0	0	97	29,246	0	
11.	Number of Inpatient Admissions	6,404	0	0	0	0	0	0	21	6,383	0	
12.	Health Premiums Written (b) .....	180,476,015	0	0	0	0	0	0	166,385	180,309,630	0	
13.	Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	180,291,278	0	0	0	0	0	0	165,773	180,125,505	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	162,411,037	0	0	0	0	0	0	203,659	162,207,378	0	
18.	Amount Incurred for Provision of Health Care Services	144,118,242	0	0	0	0	0	0	131,444	143,986,798	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

## SCHEDULE S - PART 1 - SECTION 2

[illegible]

## SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
25364	13-1675535	11/01/2020	SWISS REINS AMER CORP	NY	SSL/I	MC	184,737	0	0	0	0	0	0
0899999.	General Account - Authorized U.S. Non-Affiliates						184,737	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						184,737	0	0	0	0	0	0
1199999.	Total General Account Authorized						184,737	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						184,737	0	0	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						184,737	0	0	0	0	0	0
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999.	Totals						184,737	0	0	0	0	0	0

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums .....	0	0	0	0	0
2. Title XVIII - Medicare .....	1	1	1	0	1
3. Title XIX - Medicaid .....	184	335	409	276	403
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	269	37	70	1,870	213
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....		0	0	0	0
18. Funds deposited by and withheld from (F) .....		0	0	0	0
19. Letters of credit (L) .....		0	0	0	0
20. Trust agreements (T) .....		0	0	0	0
21. Other (O) .....		0	0	0	0



SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	77,935,262		77,935,262
2. Accident and health premiums due and unpaid (Line 15) .....	1,451,326		1,451,326
3. Amounts recoverable from reinsurers (Line 16.1) .....	269,087		269,087
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	588,368		588,368
6. Total assets (Line 28)	80,244,043	0	80,244,043
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	2,851,208		2,851,208
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,837,808		1,837,808
9. Premiums received in advance (Line 8) .....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	9,498,730		9,498,730
15. Total liabilities (Line 24) .....	14,187,746	0	14,187,746
16. Total capital and surplus (Line 33) .....	66,056,297	XXX	66,056,297
17. Total liabilities, capital and surplus (Line 34)	80,244,043	0	80,244,043
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL					0	.0
2.	Alaska .....	AK					0	.0
3.	Arizona .....	AZ					0	.0
4.	Arkansas .....	AR					0	.0
5.	California .....	CA					0	.0
6.	Colorado .....	CO					0	.0
7.	Connecticut .....	CT					0	.0
8.	Delaware .....	DE					0	.0
9.	District of Columbia .....	DC					0	.0
10.	Florida .....	FL					0	.0
11.	Georgia .....	GA					0	.0
12.	Hawaii .....	HI					0	.0
13.	Idaho .....	ID					0	.0
14.	Illinois .....	IL					0	.0
15.	Indiana .....	IN					0	.0
16.	Iowa .....	IA					0	.0
17.	Kansas .....	KS					0	.0
18.	Kentucky .....	KY					0	.0
19.	Louisiana .....	LA					0	.0
20.	Maine .....	ME					0	.0
21.	Maryland .....	MD					0	.0
22.	Massachusetts .....	MA					0	.0
23.	Michigan .....	MI					0	.0
24.	Minnesota .....	MN					0	.0
25.	Mississippi .....	MS					0	.0
26.	Missouri .....	MO					0	.0
27.	Montana .....	MT					0	.0
28.	Nebraska .....	NE					0	.0
29.	Nevada .....	NV					0	.0
30.	New Hampshire .....	NH					0	.0
31.	New Jersey .....	NJ					0	.0
32.	New Mexico .....	NM					0	.0
33.	New York .....	NY					0	.0
34.	North Carolina .....	NC					0	.0
35.	North Dakota .....	ND					0	.0
36.	Ohio .....	OH					0	.0
37.	Oklahoma .....	OK					0	.0
38.	Oregon .....	OR					0	.0
39.	Pennsylvania .....	PA					0	.0
40.	Rhode Island .....	RI					0	.0
41.	South Carolina .....	SC					0	.0
42.	South Dakota .....	SD					0	.0
43.	Tennessee .....	TN					0	.0
44.	Texas .....	TX					0	.0
45.	Utah .....	UT					0	.0
46.	Vermont .....	VT					0	.0
47.	Virginia .....	VA					0	.0
48.	Washington .....	WA					0	.0
49.	West Virginia .....	WV					0	.0
50.	Wisconsin .....	WI					0	.0
51.	Wyoming .....	WY					0	.0
52.	American Samoa .....	AS					0	.0
53.	Guam .....	GU					0	.0
54.	Puerto Rico .....	PR					0	.0
55.	U.S. Virgin Islands .....	VI					0	.0
56.	Northern Mariana Islands .....	MP					0	.0
57.	Canada .....	CAN					0	.0
58.	Aggregate Other Alien .....	OT					0	.0
59.	Total		0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
3383	Priority Health	95561	38-2715520	0	0		Priority Health	MI	UDP	Spectrum Health System	Ownership	94.400	Spectrum Health System		1
				0	0					Munson HealthCare	Ownership	5.600			1
3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	95644	38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	MI	NIA	Priority Health	Board of Directors	0.000	Spectrum Health System		0
3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		38-2663747	0	0		Trinity Health Plans	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System		0
3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Big Rapids Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Reed City Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Pennock	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health United Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Kelsey Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Zeeland Community Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Medical Group	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0
				0	0		Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System		0

Asterisk	Explanation
1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.4%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.6%

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

## SCHEDULE Y

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	SEE EXPLANATION

AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:		
10.		
11.		
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Bar Codes:

10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE TOTAL HEALTH CARE, INC.

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



22. Supplemental Health Care Exhibit's Expense Allocation Report  
[Document Identifier 217]

